510(k) Premarket Notification (Traditional) for ValuTrus™ Reusable Circular Stapler and Disposable Reloads

K111195 page 1/2

510(k) Summary

AUG - 3 2011

Company:

Ethicon Endo-Surgery, LLC

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Guaynabo, PR 00969

Contact:

Dennis Hahn, RAC

Director, Regulatory Strategic Initiatives

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Date Prepared: April 27, 2011

Device Name: ValuTrus™ Reusable Circular Stapler and Disposable Reloads

Common or Usual Name: Circular Stapler Classification Name: Staple, Implantable

Predicate Device: PROXIMATE® ILS Curved and Straight Intraluminal Staplers

(cleared under K983536 cleared on December 18, 1998)

Device Description: The ValuTrus[™] Reusable Circular Stapler and Disposable Reloads consists of a reusable circular stapler handle and disposable reloads (containing the anvil, knife, washer, and staples) in three sizes (25.5, 28.5, and 32.5 mm).

Indications for Use: The ValuTrus™ Reusable Circular Stapler and Disposable Reloads have application throughout the alimentary tract for end-to-end, end-to-side, and side-to-side anastomoses.

Contraindications for use:

• Do not use where the combined tissue thickness is less than 1.0 mm or greater than 2.5 mm or where the internal diameter of the structure is less than 25.5 mm. If the instrument is used on tissue less than 1.0 mm or greater than 2.5 mm in thickness, an inadequate anastomosis could be formed resulting in leakage, inadequate hemostasis or improper healing.

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KIIII95 Page 2/2

Technological Characteristics: The ValuTrusTM Reusable Circular Stapler and Disposable Reloads consists of two components: the reusable handle and disposable reloads. The handle can be used for 200 applications. An adjustable knob on the handle adjusts the device for use on compressed tissue from 1.0 to 2.5 mm. The sterile reloads, which are designed for a single use, are made up of an anvil head and two staggered rows of staples. The reloads are available in three sizes: 25.5 mm, 28.5 mm, and 32.5 mm.

Performance Data: Bench testing was conducted to demonstrate and verify the performance of the disposable reload and the reusable handle after 200 simulated uses. Test results demonstrated the bench testing acceptance criteria were met.

Animal (tissue) testing was conducted to evaluate the pressure tolerance of an anasotomic stoma created in porcine colon. Testing results demonstrated that staple lines created by the circular stapler device met the leak pressure acceptance criteria.





Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Ethicon Endo-Surgery, LLC % Mr. Dennis Hahn, RAC Director, Regulatory Strategic Initiatives 4545 Creek Road Cincinnati, Ohio 45242

AUG - 3 2011

Re: K111195

Trade/Device Name: ValuTrus[™] Reusable Circular Stapler and Disposable Reloads

Regulation Number: 21 CFR 878.4750 Regulation Name: Implantable staple

Regulatory Class: Class II Product Code: GDW Dated: June 15, 2011 Received: July 18, 2011

Dear Mr. Hahn:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act

or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic

And Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Indications for Use	In	dic	atio	ns f	or	Use
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510(k) Number (if known): K111195

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Prescription Use X (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____(21 CFR 801 Subpart.C)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Page <u>1</u> of <u>1</u>

Division Sign-Off)

Division of Surgical, Orthopedic,

and Restorative Devices

510(k) Number K 11195